

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90058 039 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000019165

1. Entity Name

A BC Color Printing, Inc.

**DO NOT WRITE IN THIS SPACE**

B0054007

2. Principal Place of Business

3. Mailing Address

9050 Pines Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

450

DO NOT WRITE IN THIS SPACE

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-0999713

Applied For

Not Applicable

Zip

Country

Zip

33024

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent (not title if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
VALENZUELA, Luis Carlos  
9050 Pines Blvd, Ste 450  
Pembroke Pines, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
NOVA, Jose Ramon  
9050 Pines Blvd, Ste 450  
Pembroke Pines, FL 33024

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

Date

City/State/Zip: #

CR2E034B (12/01)